CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

April Children's Health Coverage Coalition and OTA Meeting
Friday, April 20th
11:00 p.m. - 2:00 p.m.

Present:

Helen Kent Davis, TMA
Greg Hansch, NAMI Texas
Aliyah Conley, CDF TX
Christina Phamvu, Methodist Healthcare Ministries
Christina Hoppe, CHA Texas
Rey De La Garza, TNFP
Julia O'Hanlon, CDF TX
Mimi Garcia, TACHC
Clayton Travis, TPS
Anne Dunkelberg, CPPP

On Conference Line:

Sharon Beasley, THA
Betsey Coats, Maximus
Celia Kaye, League of Women Voters of Texas
Melissa McChesney, CPPP
Erika Ramirez, Healthy Futures of Texas
Leah Gonzalez, Healthy Futures of Texas
RexAnn Shotwell, TACHC

Invited Guests:

Josette Saxton, Texans Care for Children
Paige Marsala, HHSC
Sarah Melecki, HHSC
Marisol Acosta, HHSC
Penny Larkin, HHSC
Carmen Bliss, HHSC
Diana Forester, HHSC
Clarice Rogers, HHSC

Meeting Chair: Helen Kent Davis, TMA
Meeting Scribe: Jessica Giles, CPPP

1. Proposed Federal HHS Rules and Access to Medicaid Services

Anne Dunkelberg:

- The rule has an odd provision which has to do with exempting certain rate cuts in Medicaid Managed Care from monitoring or reporting responsibilities. Before comment period, CHCC will send out a list of bullets that you'll want to comment on.
- Once you outsource to the private sector in Medicaid, you don't need to oversee it- we don't think that is something we want. We want federal standards. The notion of

outsourcing any arm of government and having no performance standards is something that we want to push back on.

Helen Kent Davis:

- There is a 60-day comment period and it may be good to review it together. May 22nd is the due date. We'll set something up and send out an email call for sometime in about 2 weeks.

Christina Hoppe:

- National Children's Hospital Association is looking at it.

Anne Dunkelberg:

- If you're affiliated with a national organization that is sending comments around, send them to Jessica at **giles@cppp.org**

Mimi Garcia:

- If people are doing LAR comments, I'd be interested in hearing.

Helen Kent Davis:

- HHSC did send out a solicitation to stakeholders asking for input for items that should be in their appropriations request. Comments are due COB on April 23rd. Submissions need the organization name, overview of what you want, and how it fits into the goals of the agency.

Anne Dunkelberg:

- Impression was a lot of things you would expect, like language about ECI. The CPPP Mental Health fellow has drafted some materials on access to funding for substance abuse treatment. CPPP is signing on with Texas Women's Health Coalition with some comments on women's health. The more they hear from different people on the same topic, the more likely they will acknowledge it.

Josette Saxton:

- Don't let the process intimidate you, just send something in.

Helen Kent Davis:

- TMA will be heavily emphasizing the maternal health theme and also making sure to include substance abuse treatment. It's not always clear they're getting MAT. It's a covered benefit, but it's not really being used. We have a lot of comments around behavioral health and ECI. DFPS will also be soliciting input, but maybe through a different way.

Christina Hoppe:

- CHAT is also planning to submit LARs. We have one on the telehealth bill, that didn't have any funding attached to it. We also have a specific request on Medicaid funding for children in children's hospitals.

2. The role of Medicaid in Substance Use Disorder Discussion

Anne Dunkelberg:

- The CPPP Hogg Mental Health Policy fellow, Monica Villarreal, has been working closely with Texans Care for children. There are dual funding sources for treatment in Texas, which means Medicaid and a block grant, which is where majority of funds come from for adults who are being treated. We're covering about 6x as many adults through the block grant than we are through Medicaid, because very few are covered through

Medicaid. Experts at DSHS are estimating that the block grant is only touching about 6% of Texans who need treatment. There is another blog post on the website that talks about how states that have Medicaid Expansion are reaching more people. There are 8 or 9 recommendations that Texas could investigate and different ways that we could make treatment more available. Even if we continue to not serve enough people in need, we need to make sure long-term treatment is happening, particularly for opioid treatment. Texas Coalition for Healthy Minds, coordinated by NASW, is working on this and because there is a select committee just on substance use disorders, there's a coalition that just formed to work on that and will be submitting a set of recommendations.

Greg Hansch:

- There are about 4 or 5 recommendations related to children's health. One is on IMD exclusion, which prohibits Medicaid from paying for residential services in many circumstances. Basically, it would be Texas submitting a waiver to CMS saying there should be more reimbursements for services.

Helen Kent Davis:

- There are about 6 or 7 states that have already gotten approval for this.

Greg Hansch:

- A few of the other recommendations are increasing state investment in family specialized substance abuse; keeping pregnant women, mothers, and children to stay together; increasing funding for training for DFPS and caseworkers and family court attorneys around maternal mortality; OSAR centers that are the entry point to recovery; education and awareness; peer support services provided by certified family partners as a children's Medicaid covered service; expanding youth peer support coaches who people who have had a lived experience with substance use disorder; and lastly, there is a recommendation about establishing a collaborative care model in Texas Medicaid. This is for both children and adults and includes capacity in primary care to provide mental behavioral health health services, having a case manager or bringing in telehealth services.

Josette Saxton

- Another thing is increasing access to school-based intervention and treatment. There are a lot of opportunities to engage schools and also incorporate prevention. There are prevention programs that are already funded, but the majority of the schools aren't accessing those programs and there is a lot of disagreement about them. Programs are evidence based and cover a vast amount of issues.

Helen Kent Davis:

- Rates of recidivism are lower when there is MAT. From what we understand, MAT is only being used for pregnant women and opioid disorders. There is MAT for other disorders, but most physicians don't get into managing those with substance use disorders. There is an idea on the block grant side for indigent women- only treating pregnant women who are injecting as a priority. All pregnant women should be seen as a priority and postpartum women aren't necessarily addressed. Another suggestion is around moving care to the primary care setting, project ECHO and Medicaid collaborative care benefit. Also having PCPs in the substance use or mental health

facilities. They will often first go to provider rather than PCP, so PCPs should be embedded into substance use facilities.

Mimi Garcia:

- On collaborative care, the idea is that Medicaid would pay for the care coordinator.

Greg Hansch:

- That would be part of the reimbursement

Helen Kent Davis:

- Some of the health plans are involved with parts. TMA is working on the issue of opioids and Medicaid, We also have prepared some talking points to share with offices where that topic has come up.

3. Efforts to Expand First Episode Psychosis Treatment

Greg Hansch:

- [See PowerPoint]
- Psychosis usually begins between the ages of 15-30. People with serious mental illness die 25 years earlier because of the chronic comorbidities. This affects 3 in 100 people across the lifespan. Adolescence and young adulthood is where it is mostly occurring. High costs come from presenting in emergency rooms or in primary care or individuals ending up in criminal justice system or homeless. There is an average delay in providing any treatment whatsoever on average 74 weeks before any treatment is provided.

Clayton Travis:

- How often is there a diagnosis in place before psychosis?

Greg Hansch:

- Very rarely. Often a prodromal psychosis, see some other issues before it turns into full delusions. RAISE Project was a 5-year study and consists of more than psychotherapy and medication. It includes key elements like supported employment and education, family education and supports. It's team based, with specialized training, crisis intervention. The program's goal is to empower people with mental illness to have a say and role in treatment. Costs often aren't paid in bundles. There are no payments for engagement and outreach. There are conversations with the insurance industries, but it hasn't really caught on. Federal government does fund coordinated specialty care. States are required to set aside 10% for this type of care, but this doesn't provide enough support to make this a service statewide. It's not available for every local mental health authority and there are rarely resources available to establish it. It's currently offered at 10 LMHAs, Dallas and Houston both have 10 programs. This means there are 29 that don't have it. There is coordinated care in urban, semi-urban, and rural setting, so it can be done everywhere when there are resources available. This morning there was a move to increase from 10 to 20, but that would require a legislative appropriation. The states that have seen expansion have invested general revenue. Medicaid can pay for a lot of these services. All states that have successfully expanded it have done so with general revenue. This is not just a mental health policy recommendation, because there are so many comorbidities. It has a direct relationship with diabetes, hypertension, etc. Minority of those served are on Medicaid

Clayton Travis:

- Within CSC, what is the collaboration between the team with the primary care office? What can a physician expect?

Greg Hansch:

- My understanding is in some programs, there is direct integration with the primary care provider. Frequently there is one on the team or regular communication. One of the main goals of this program is to get and help people stay employed, they are likely to lose their disability resources.

Anne Dunkelberg:

- It states that have done Medicaid expansion, having coverage made it so much easier for them to work.
-

4. Hurricane Harvey and Behavioral Health Impacts (12:05 --

Josette Saxton:

- [See PowerPoint]
- Chairman Four Price filed a billed HB 11. It ran out of time before it was voted on the house floor. His office is looking to refile the bill next session, especially because of the hurricane. We are going to see more willingness in both the Senate and the House.We need to look at what the landscape was before the hurricane. Identifying and appropriately addressing mental health services in kids provides an opportunity to prevent other negative outcome, such as personal and social problems. There is an interest in better addressing substance abuse. While statistics do not show an addiction, it still means there are significant negative and social outcomes that can come from it.
- Research shows that months after a traumatic event, symptoms will emerge. Most children will bounce back. Those with less resiliency will struggle to bounce back. A lot of great work has went into it hurricane recovery, but the impact it has on kids will continue to play a role. The symptoms are a lot of things that would just be classified as bad behavior. It is important to look at those experiencing PTSD, but also need to look at those being affected by day-to-day things. Instead of supporting students, they could be exacerbating problems.
- Special Education: if we're looking at schools and how we can connect kids, the vast majority of kids with mental health services are not receiving special education or the protections that should be provided to them. The special education definition for Emotional Disturbance is a lot more narrow, which means that less kids are receiving services. TEA had a cap of 8.5% even though national average is 12%, which made schools resistant to place students in special education. By category, there was a huge drop. Both on education and health side, having a safe and supportive climate is very beneficial.
- TEA: identifying needs and connecting resources in the community. Long term intentions to improve mental health across the board. Strategic plan by TEA: reworking professional development networks. House Public Health interim charges: training and technical support, HB 11 addressing student mental health will be filed again. Hopefully bill will address mental health and substance abuse and include youth as part of the conversation.

Helen Kent Davis:

- Does TEA track schools?

Josette Saxton:

- No, that's another data opportunity.

5. SB 74 Update

Penny Larkin:

- [See PowerPoint]
- Targeted case management is the big service. Intensive case management is available to children.Cannot require to provide a 24 hour hotline or crisis. These are traditional mental health services, not part of Medicaid.353 explains what it is supposed to look like. You either have to provide directly or subcontract. Consistent with the underpinning of the delivery of mental health services. Another piece of SB 74 spoke to provider agencies that wanted to focus on level 4 kids- kids with risk of out-of-home placement. Those providers can't be required to provide services for other levels of care. If an MCO chooses to contract with a provider agency, they have to make sure there is a referral with another comprehensive provider. 2 specific things in SB 74 that we have acknowledge in the context of the rule. Can't require a provider of TCM and rehab to provide services that aren't funded. There's been some push around that. We have issued guidance that you must reimburse for all Medicaid funded services.

Clayton Travis:

- What provider types have been enabled since SB 74?

Penny Larkin:

- Depelchin, CK Kids, child placing agencies

Marisol Acosta:

- This rider has specific funding of how to support those who want to become TCM or are already providing TCM. This allows for the funding to actually provide training, technical assistance, and for the certification process to provide everything to become a STAR Health Provider. The first group of applicants have been received. Organizations can train internally, depending on how they wrote the proposal. There are less number of services for children than for adults. Because the procurement is open right now, the number is 0 since the implementation because it is still finalizing. We are hoping to start contracting in this quarter. Since SB 58, that's where the increase has happened all the way up to 20 organizations providing those services.

Greg Hansch:

- There are about 4,000 high needs children in foster care who meet the criteria for what this rider would provide services for. Do you have an estimate of how many children this is going to serve?

Marisol Acosta:

- We have not been able to because we've been waiting on the number of applicants. Based on the original rate of growth since SB 58, the growth of numbers of providers doubled. In the analysis of the proposals, the grant was written that the organization can choose to serve in a specific region or go statewide. That'll help us determine what percentage we're going to provide

Helen Kent Davis:

- Can you describe intensive case management, targeted, and rehab?

Marisol Acosta:

- Targeted is the big category- there is routine and intensive. Routine is done in the office to maintain needs and find things that will support mental health. Intensive is in the office and into the community in different settings. Really trying to address the intensive needs.

Carmen Bliss:

- People often throw around spot-case management, which is used as needed. Intensive is regularly scheduled and takes a wraparound approach for recovery. For children: skills training and development in routine care, aggression replacement training, helping the parent help the child. In addition to that, we have nurturing parenting and preparing adolescents for young adulthood aspects which is more for the older youth (14-18) who many have needs. This is incorporated as the child gets older using IMR, which is mostly used in adults.

Sarah Melecki:

- The second half of the policy is related, but not exactly. It is about integration within managed care requirements. It speaks specifically to our managed care organizations
- 12 and 13 goes over the nuts and bolts of what it covers. This is particularly important when talking about drugs because they interact with each other. Last 2 slides are additional integration that is taking place

Greg Hansch:

- Is there going to be any opportunities for stakeholders to review and make comments?

Sarah Melecki:

- Our contracts are never really closed. There are always opportunities to amend it.

Marisol Acosta:

- We're still receiving applications until end of May. If you missed the first of deadline.

6. Office of the Ombudsman

Paige Marsala

- [see powerpoint]

Clarice Rogers:

- When CPS calls with a complaint, it gives permission to move forward

Paige Marsala:

- Our website is being updated and made to be a lot more use friendly

7. Eligibility and Enrollment

Melissa McChesney:

- The coalition led efforts looking at alignment of renewal dates for siblings, so that there is less paperwork so they can all be done at the same time. We looked at some of the issues related to accomplishing alignment. HHSC can align siblings, but not non-siblings. It was identified that there was still a high level of siblings where they were unaligned.

Diana Forester:

- The data request is a follow-up to this chart regarding what the process is and what work can be done by HHSC. It steps back to an issue related to the amount of paperwork that

is received by parents and leads to confusion. The percentages in the chart are a lot higher than we expected them to be, so we will be looking at this closely.

Melissa McChesney:

- The handbook currently has a list of immigration statuses that could potentially be eligible. The immigrant children in Texas, anyone who is lawfully present, it is much broader than the adults eligibility. Not every single status is covered in the handbook. Lots of students at UT fall under these statuses. We want them to explicitly include some of the most common classifications and want to emphasize the urgency of this issue due to the number of cases that fall into this bucket.
- The USCIS status list is so vast and expansive, it would be an administrative burden to list all statuses that apply to this. Social security numbers are also being requested. Previously worked on the policy regarding not being required to provide for F-2 Visa Holders.

Diana Forester:

- October 2018 new handbook will be available

Melissa McChesney:

- We have received some reports from enrollment assisters in the Valley that they have seen some out of the ordinary delays in CHIP enrollment packets.
- US citizen child whose parents are sponsors, then the sponsor's income was being included for the household income. It usually ended up being a denial for missing information. Clarification provided by CMS. HHS updated this policy to make it clearer. Sponsor's income will no longer be included.
- New federal rules regarding the marketplace, a lot of them not good for consumers, but one piece that was. When a mother has been receiving CHIP perinatal services and those services end, before this policy change, those women who are lawfully present and could be potentially eligible to enroll outside of open enrollment. The marketplace has updated it to where the woman will be able to get a special enrollment period after the loss of their coverage, rather than having to wait until the next open enrollment period. This impacts Texas more than other states because of how eligibility works for women.

8. State of Enrollment Conference

Melissa McChesney:

- CPPP will be hosting with TACHC the State of Enrollment Conference. Date is set for September 20th and 21st. We wanted to let people know this is coming because we are openly looking for presentations. If you or your organization has an idea for presentations that would be helpful for those helping enroll, reach out to: mcchesney@cppp.org.

9. Update on Public Charge

Anne Dunkelberg:

- A lot of big groups requested to have meetings with OMB where they get the opportunity to talk about the potential impact and make sure that OMB has tons of information about who may potentially be impacted. Doing everything to push back and slow down the process so the bill cannot be taken into effect.

Efforts to Expand First Episode Psychosis (FEP) Treatment

Greg Hansch
NAMI Texas
April 20th, 2018

What is psychosis?

- **Psychosis involves loss of contact with reality, such as hallucinations (seeing or hearing things that others do not) or delusions (beliefs that are not based in reality).**
- **Symptoms of psychosis can also include speech that does not make sense, difficulty thinking clearly, lack of self-care, withdrawal and odd or inappropriate behavior.**
- **Psychosis is classically associated with schizophrenia spectrum disorders, and, although there are other symptoms, one of the defining criteria for schizophrenia is the presence of psychosis.**

What causes psychosis?

- **The jury is out, but thought to be triggered by a mix of genetics (family history) and life stressors during critical stages of brain development.**
- **Risk factors: stressors such as physical illness, substance use, hallucinogens and stimulant medications) and psychological or physical trauma.**
- **can start at any age, but young people are at an increased risk because of hormonal changes in the brain that occur during puberty.**

Schizophrenia co-morbidities

- **70% of people with schizophrenia have co-morbid physical health conditions**
- **Co-morbid mental health conditions are also extremely common**
- **Common issues seen: hypertension (21%), diabetes (15%), anemia (12%)**
- **Less common, but still causes for concern: tuberculosis, obesity, thyroid disorder, cardiovascular issues**

Texas First Episode Psychosis 12-Month Incidence			
Age Group	Population	Incidence	Incidence Rounded
14 to 18	2,020,000	877	900
19 to 21	1,210,000	649	600
22 to 35	5,630,000	1,494	1,500
Total	8,860,000	3,020	3,000

Who is affected?

- 3 out of 100 people at some point in their lives (lifetime prevalence)
- Often begins between ages of 16 and 25 (sometimes a little older, sometimes a little younger)
- About 100,000 young people nationwide every year

Costs of crisis-driven psychosis care

- **Strained and high-conflict relationships**
- **Families left out of treatment planning**
- **High rates of school drop-out**
- **High unemployment rates**
- **High rates of homelessness (26%)**
- **High rates of incarceration (20%)**
- **High rates of suicide and early death (10%)**

Is there hope?

YES!!! (Bold, italics, underline, exclamation marks)

RAISE Project

- **In 2008, National Institute of Mental Health (NIMH) launched Recovery After Initiative Schizophrenia Episode (RAISE) Project**
- **Began with two studies examining different aspects of coordinated specialty care (CSC) treatments for people who were experiencing first episode psychosis.**

But what is Coordinated Specialty Care?

CSC

Traditional course of treatment

- **At first: stigma/discrimination, lack of knowledge / understanding, mistrust**
- **Emergency room / law enforcement / primary care**
- **Mental health clinic psychotherapy and medication – frequent dropouts**

More on CSC

- **Coordinated Specialty Care**

  Clinical Services: Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination

  Core Functions/Processes: Team based approach, Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, shared decision making

Two key scientific findings of RAISE

- Longer duration of untreated psychosis (DUP) is associated with poorer short term and long term outcome
- Treatment with coordinated specialty care (CSC) is associated with better outcomes

What does this have to do with coverage?

- **General lack of bundled payment for CSC**
- **Ongoing conversations with insurance industry on federal level about establishing a billing option for CSC**
- **Medicaid could cover most services but not transportation, engagement, and true peer and family support (just rehab services).**
- **Many uninsured Texas young people needing this treatment**

CSC outcomes

CSC empowers young people with psychosis to:

-Stay in school

-Continue working

-Experience less severe or eliminated symptoms

-Build healthy social and family relationships

-Experience improved quality of life

-Have lower risk of long-term disability and co-morbid chronic conditions

Policy context

- Federal government funds CSC through Community Mental Health Block Grant (MHBG) funds
- States are required to "set-aside" 10% of their MHBG funds for early psychosis programs.

Texas CSC landscape

- **10 sites, 12 programs**
- **Expected caseload is 30 participants**
- **FY 2018: 368 served with 319 currently active on the caseload (compared to thousands of Texans experiencing 12-month incidence)**
- **24% are on Medicaid, 13% other insurance, 63% indigent**
- **Each team funded at $425,000 per fiscal year (through MHBG, not GR)**

Steps for Advocacy

- **Urgent: request that HHSC include in LAR funding to increase number of CSC sites from 10 to 20 (per recommendation approved this morning in HHSC Advisory Committee)**
- **Weigh in on House Public Health interim charge**
- **Knows that NAMI Texas, Hogg, Meadows, and Texas Council are leading an FEP expansion workgroup**
- **LAR budget hearings in Fall**
- **Be on the lookout for upcoming op-ed by NAMI Texas and Hogg**

Student Mental Health After The Storm:

Hurricane Harvey Raises the Stakes for Supporting Healthy Minds in Texas Schools

Children's Health Coverage Coalition
April 20, 2018

Josette Saxton
Director of Mental Health Policy
Texans Care for Children

TEXANS CARE for CHILDREN

Before the Hurricane

- Up to one in five children experience a mental disorder in any given year.
- Half of lifelong cases of mental illness emerge by age 14 (… and two-thirds emerge by age 25).
- About 520,000 children in Texas (age 17 and younger) estimated in 2014 to have a severe emotional disturbance (*mental disorder + substantial functional impairment*)

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Before the Hurricane

High school students (grades 9-12) in Texas who reported*…	
Drinking alcohol at least one day in past month	36%
Drinking 5 or more drinks w/in few hours (binge drinking) in past month	21%
Using marijuana in past 30 days	21%
Taking prescription drugs without doctor's prescription	19%

Texas Youth Risky Behavior Surveillance Survey (YRBSS)

* 2013 data (*most recent year available*)

In 2014, HHSC estimated 182,000 youth in Texas had a Substance Use Disorder.

TEXANS CARE for CHILDREN

Before the Hurricane

- One in four (24%) children in TX were estimated to have multiple traumatic experiences
- Childhood adversities are associated with nearly half (45%) of all childhood-onset mental disorders.

Adverse childhood experiences (ACEs)

- Physical, verbal, or sexual abuse
- Physical or emotional neglect
- Domestic violence, mental illness or substance abuse within home
- Absence of family member (divorce, jail, death or abandonment).

After the Hurricane

- 1.5 million public school students in Texas were directly impacted by Hurricane Harvey
- Over 200,000 homes damaged
- At least 34,000 students became homeless
- More than 10,000 students enrolled in a different school district in Texas
- More than 1,500 child care, early learning and education programs critically impacted.

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Children's responses to trauma can include:

- Ongoing feelings of concern for their own/others' safety
- Increased irritability, aggression, and anger
- Somatic complaints such as stomach aches, headaches, and pains
- Impaired attention and concentration and more school absences
- Self destructive, accident-prone, or reckless behaviors
- Changes in interpersonal relationships with family members, teachers, and classmates

Student Mental Health in School

- When students don’t feel safe and supported in school, their education and mental health suffers.

- Students with mental illness are at high risk of missing school, struggling academically, and being disciplined for behaviors that may stem from disorder.

TEXANS CARE for CHILDREN

Student Mental Health in School

Majority of students with mental disorders are in general education and do not receive special education services.

- HHSC estimates **520,000 children** in Texas under age 17 have a severe emotional disturbance (SED)
- In 2015-2016 school year, only **26,000 students** in Texas received special education services due to a Emotional Disturbance as recognized by the education system.

TEXANS CARE for CHILDREN

Special Education for Emotional Disturbance

- Between 2004 and 2014, the number of students who received special education services due to Emotional Disturbance **dropped by 42 percent**.

- Students receiving special education services in Texas due to mental health concerns are removed from their classrooms as discipline in alarming proportions (90%).

- Students with Emotional Disturbance are at highest risk among students with disabilities to drop out of school (50%).

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Special Education

U.S. Dept. of Education: TEA is not in compliance with Individuals with Disabilities Education Act (IDEA)

1. Failed to ensure that all children with disabilities in need of special education and related services were identified, located, and evaluated
2. Failed to ensure that free and appropriate public education was made available to all children with disabilities
3. Failed to fulfill it general supervisory and monitoring responsibilities

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Moving Forward:

OPPORTUNITIES TO ADDRESS STUDENT MENTAL HEALTH

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Improving Mental Health Services & Supports to Students

- School-wide implementation of trauma informed practices that promote safe and supportive school climates, such as PBIS, SEL, restorative practices
- Educator training on trauma (awareness, understanding, use of trauma-informed practices) and supporting students with mental health concerns
- Improve access to school-based mental health services and supports, including through school-community partnerships.

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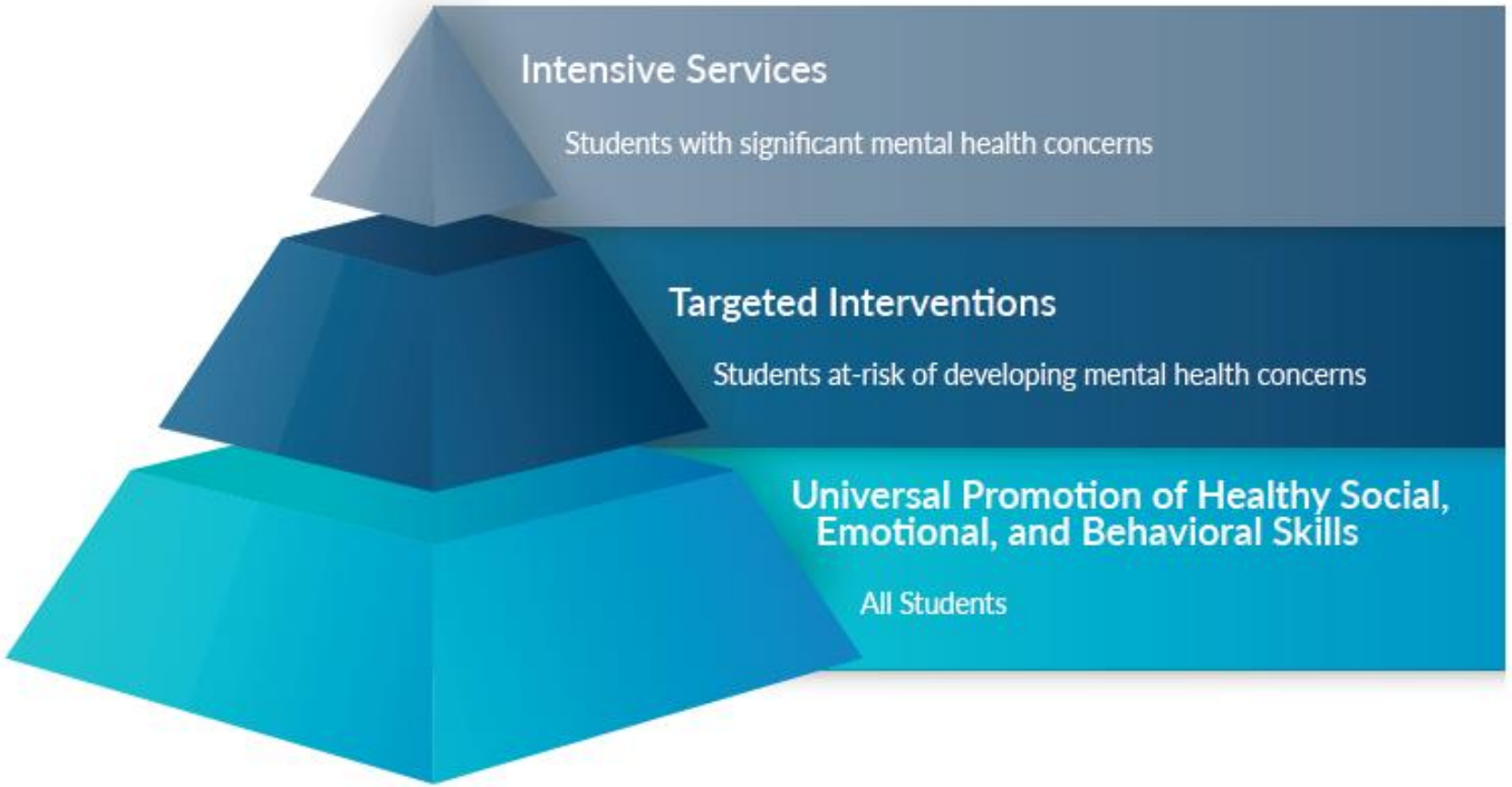
Fig. 1. A Multi-Tiered System of Services and Supports



Opportunities

Build upon and sustain the work of the Hurricane Harvey Task Force on School Mental Health Supports

TEA Special Education Strategic Plan

House Public Health Interim Charges (HB 11, 85th Session)

House Select Committee of Opioid and Substance Abuse

SAMHSA Project AWARE grants to State Education Agencies

Opioid Crisis Response Act of 2018?

TEXANS CARE for CHILDREN

Some First Steps…

Statewide technical assistance to schools on using evidence-based practices that foster safe and supportive learning environments, mitigate he effects of trauma, and address student mental health concerns that interfere with learning

Grant program to support school-based mental health services

Phased-in multi-year state plan to ensure every school can access the tools and resources they need to support the mental health of all students in Texas

Expand the use of school-based youth substance abuse prevention and intervention programs (which address much more than substance use!)

TEA's Special Education Strategic Plan
(Draft)

Opportunities to improve training & technical assistance to school districts on:

- Appropriately identifying and educating students with Emotional Disturbance;
- Best practices models of behavioral interventions for all students;
- Educating students with intensive and multiple needs.

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House Interim Charges

House Public Health Committee:

- Identifying and treating children with mental illness, including the application of trauma- and grief-informed practices.
- Understanding the impact and recognizing the signs of trauma in children
- Providing school-based or community-based mental health services to children who need them.
- Analyze the role of the Texas Education Agency and of the regional Education Service Centers regarding mental health.

TEXANS CARE for CHILDREN

House Interim Charges

House Select Committee on Opioid and Substance Abuse :

- Identify effective and efficient prevention and treatment responses by health care systems.
- Examine the impact of substance abuse and substance use disorders on Texans who are involved in the adult or juvenile criminal justice system and/or the Child Protective Services system.
- Recommend solutions to improve state and local policy, including alternatives to justice system involvement, and ways to increase access to effective treatment and recovery options.

Federal Activity

Project AWARE State Education Agency Grants (SAMHSA):

- Increase awareness of mental health issues among school-aged youth;
- Provide training for school personnel and other adults who interact with school-aged youth;
- Connect school-aged youth, who may have behavioral health issues, and their families to needed services.

Federal Activity

Opioid Crisis Response Act of 2018 includes youth-focused provisions:

- *Youth Prevention and Recovery Initiative*: Require Dept. of HHS (in consultation with Dept. of Education) to disseminate best practices and issue grants for prevention and treatment of and recovery from substance use disorder
- *Pilot Program on Delivery of Trauma-Informed Support Practices*: Increase student support services, integrate mental health care in schools, aimed at preventing and mitigating the effects of trauma in children and youth.

FOR MORE INFORMATION:

- Visit txchildren.org
- Sign up for our emails
- Follow us on Twitter at @putkids1st
- Follows us on Facebook/TexansCare

Josette Saxton
Director of Mental Health Policy
jsaxton@txchildren.org

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TEXAS
Health and Human
Services

Implementation Update: SB 74, 85R and Rider 172, 85R

Penny Larkin

Marisol Acosta

Sarah Melecki

Agenda

- Mental Health Targeted Case Management and Rehabilitation (TCM/Rehab)
  - MH TCM/MHR rule development
  - MH TCM/Rehab providers
- Rider 172 requirements
  - HHSC implementation actions
- SB 74 integration requirements
  - Implementation actions

TEXAS Health and Human Services

Mental Health TCM/Rehab

- Local Mental Health Authorities (LMHAs) sole provider prior to September 2014
  - Fee-for-service (FFS) only
- SB 58th, 83rd Legislature
  - Added benefit into managed care September 2014
  - Expanded provider base to include non-LMHA providers
- Rules governing delivery proposed in Texas Register April 6
  - Consistent with existing policy
    - Uniform Managed Care Manual
    - Texas Medicaid Provider and Procedures Manual

TEXAS Health and Human Services

Mental Health TCM/Rehab Rules

- Chapter 353 (Medicaid Managed Care), Subchapter P, formalizes existing managed care organization (MCO) contract provisions, describing responsibilities of the MCOs:
  - Information systems and medical records
  - Patient safety, rights, and protections
  - Provider staff member competency
  - Provider credentialing requirements

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Mental Health TCM/Rehab Rules

- Chapter 354 (Medicaid Health Services), Subchapter M
  - Defines each of the currently available services
  - Components of the services
  - Eligibility to receive these services
  - The processes required to become eligible for services
  - Process for continued eligibility for services

TEXAS Health and Human Services

Mental Health TCM/Rehab

Non-LMHA provider base

- Over 20 non-LMHA providers

- Contracted across all programs:
  - STAR
  - STAR+PLUS
  - STAR Health
  - STAR Kids

- At least one contracted in each service delivery area

Rider 77 (formerly 172)

The 2018-19 General Appropriations Act, S.B. 1 of the 85th LEG, Reg. Session, 2017 (Article II, HHSC, Rider 77 [formerly Rider 172])

- Appropriates $2 million in general revenue, in collaboration with the Department of Family Protective Services
- Establishes a one-time statewide matching grant program to increase access to targeted case management (TCM) and rehabilitative services for high need children in the foster care system.
- Funds may only be used to pay for costs directly related to developing, implementing and training teams to provide TCM and rehabilitative services to high need children in foster care.

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Requirements of Rider 172

- Grant Program provides funds to Local Mental Health Authorities and non-profit entities that are making investments to:
  - Become TCM and rehabilitative services providers for children in foster care in the Intense Service Level or
  - Expand their existing capacity to provide TCM and rehabilitative services providers for children in foster care in the Intense Service Level

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Requirements of Rider 172

- HHSC shall enter into a no-cost agreement with a qualified non-profit entity to serve as Grant Administration to:
  - Assist, support and advise HHSC in fulfilling responsibilities and assist grantees in securing local matching funds.

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Requirements of Rider 172

HHSC is required to:

- Gather and report information on any investments of funds made by STAR Health to an entity to an entity to assist in expediting services to high need children in foster care
- Provide monthly updates in a format prescribed by the Legislative Budget Board (LBB) regarding:
  - Number of entities who are credentialed
  - Number of entities who expanded services
  - Number of children in foster care system receiving TCM and rehabilitative services from newly credentialed or expanded entities.

SB 74 Integration Requirements

S.B. 74, 85th Legislature, specified requirements for integrating behavioral and physical health care among MCOs that provide behavioral health services through a contract with a third party or arrangement with a subsidiary of the managed care organization (behavioral health organizations, or BHOs).

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Integration Requirements of SB 74

- Effective sharing and integration of data:
  - Care coordination
  - Service authorization
  - Utilization management
- Colocation of behavioral and physical health care coordination staff
  - To the extent feasible
- Warm call transfers between behavioral and physical health care coordination staff

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Integration Requirements of SB 74

- Joint rounds or another effective means for clinical information sharing among behavioral and physical health network providers
- Seamless provider portal for behavioral and physical health providers
  - To the extent allowed by federal law

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Integration Requirements of SB 74

- HHSC implementation actions to date:
  - Meeting with former Behavioral Health Integration Advisory Committee (BHIAC) members, including providers and advocates representing individuals who utilize services for co-occurring conditions
  - Meeting with MCOs
  - In process: Adding MCO contract language to become effective 9/1/2018, providing detail on how MCOs should implement SB 74 requirements (requiring of all MCOs, not just those who utilize BHOs)

Integration Requirements of SB 74

Additional HHSC implementation actions regarding behavioral and physical health integration:

- SB 200, 84th Legislature, required HHSC to monitor MCO integration activities:
  - Review of quality measures
  - Potentially preventable events analysis
  - Review of MCO contract measures and additional reporting requirements
  - MCO integration survey

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Integration Requirements of SB 74

Additional HHSC implementation actions regarding behavioral and physical health integration:

- SB 58, 83rd Legislature, required HHSC to establish two health home pilots for individuals with serious mental illness (SMI) and another chronic condition
  - Partnership with Certified Community Behavioral Health Clinic (CCBHC) initiative
  - Program evaluation

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Thank you

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HHS Office of the Ombudsman Update

Presented to
CHC Coalition
April 20, 2018

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Total Ombudsman Contacts for 2nd Quarter FY 2018

- Complaints – 6,583
- Inquiries – 11,911

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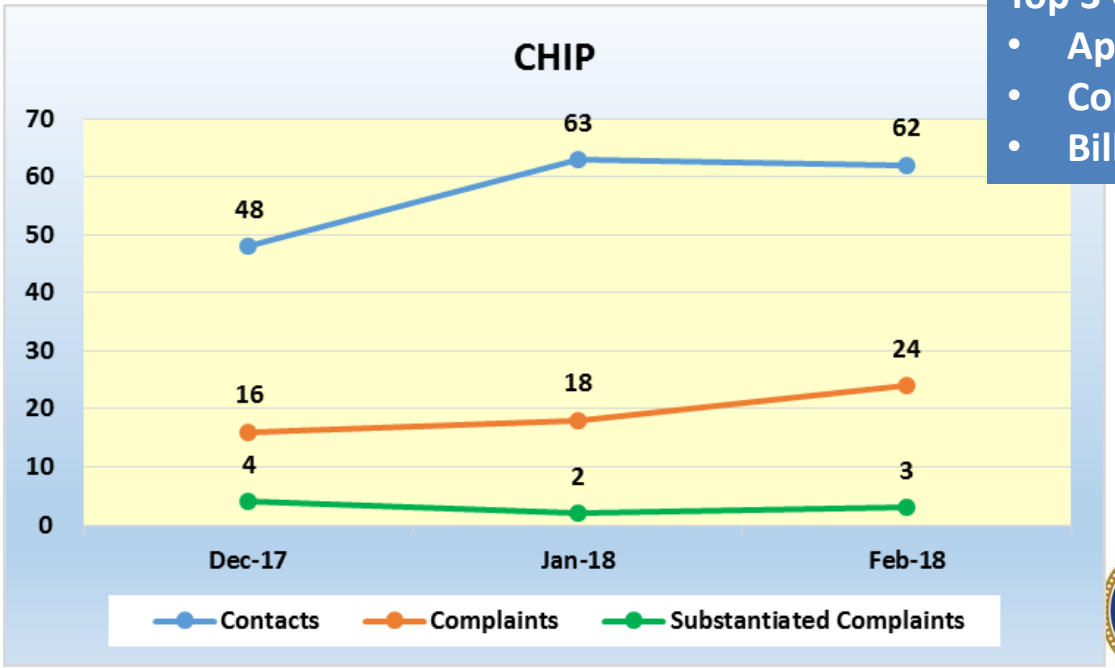
Contact Volumes and Top Three Reasons for Contact by Program Type 2nd Quarter FY 2018

TEXAS Health and Human Services

Contact Volumes by Program Type
2nd Quarter FY 2018

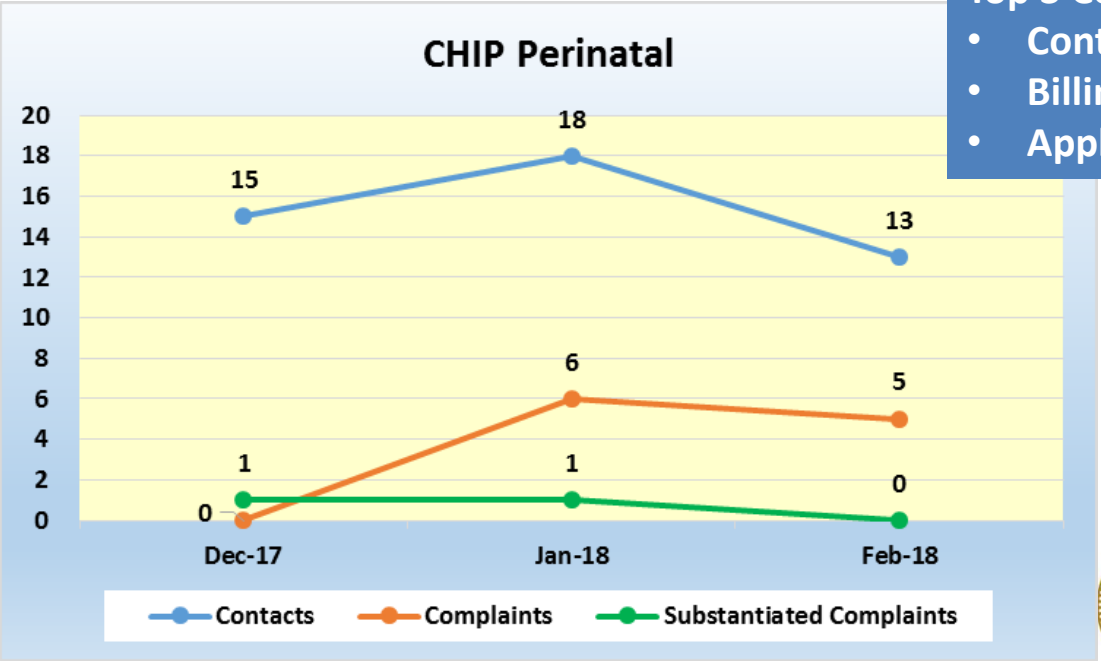


Top 3 Contacts – CHIP

- Application/Case Denied
- Contact Info Request
- Billing Issues

TEXAS Health and Human Services

Contact Volumes by Program Type
2nd Quarter FY 2018



Top 3 Contacts – CHIP - P

- Contact Info Request
- Billing Issues
- Application/Case Denied

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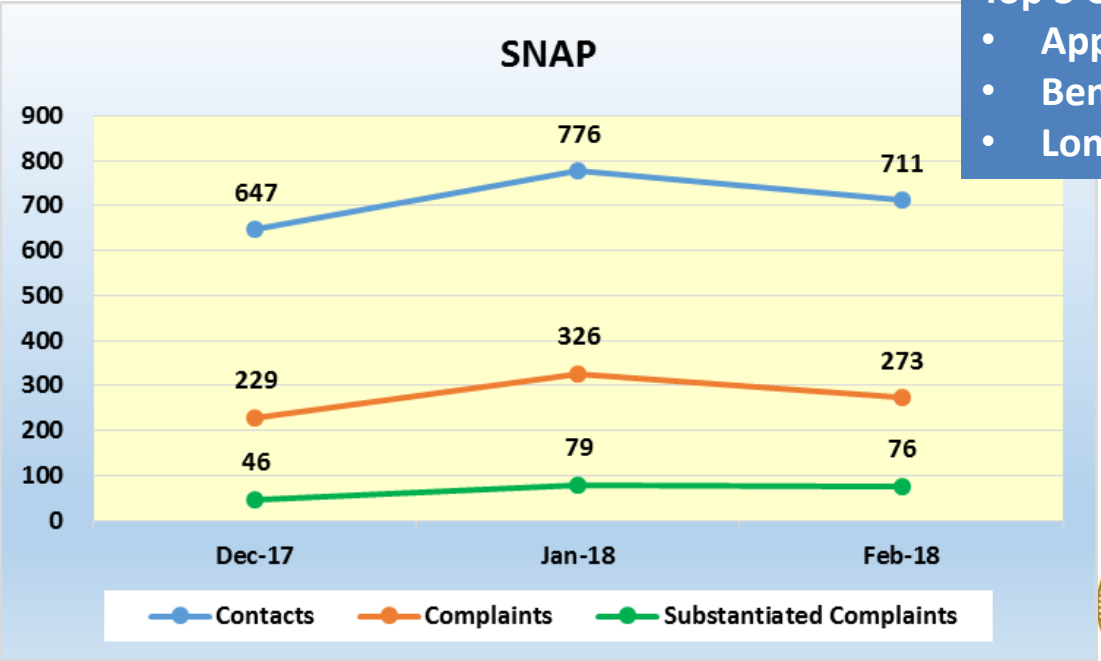
Contact Volumes by Program Type
2nd Quarter FY 2018



Top 3 Contacts – SNAP

- Application/Case Denied
- Benefit Amount
- Lone Star Card Issue

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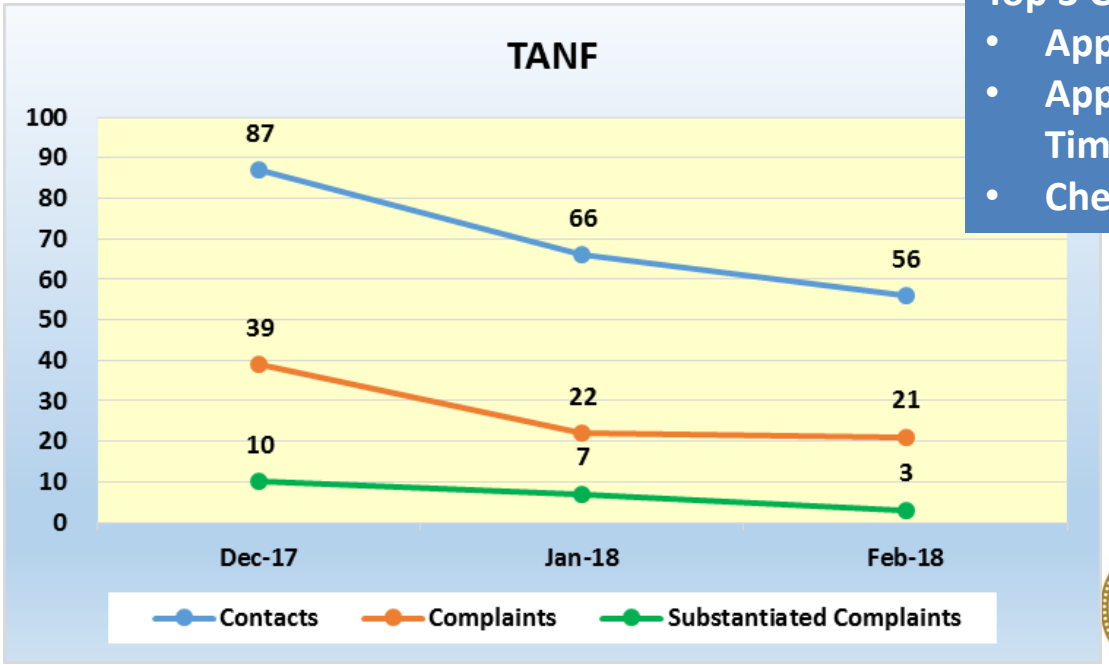
Contact Volumes by Program Type
2nd Quarter FY 2018



Top 3 Contacts – TANF

- Application/Case Denied
- Application Not Completed Timely
- Check Status

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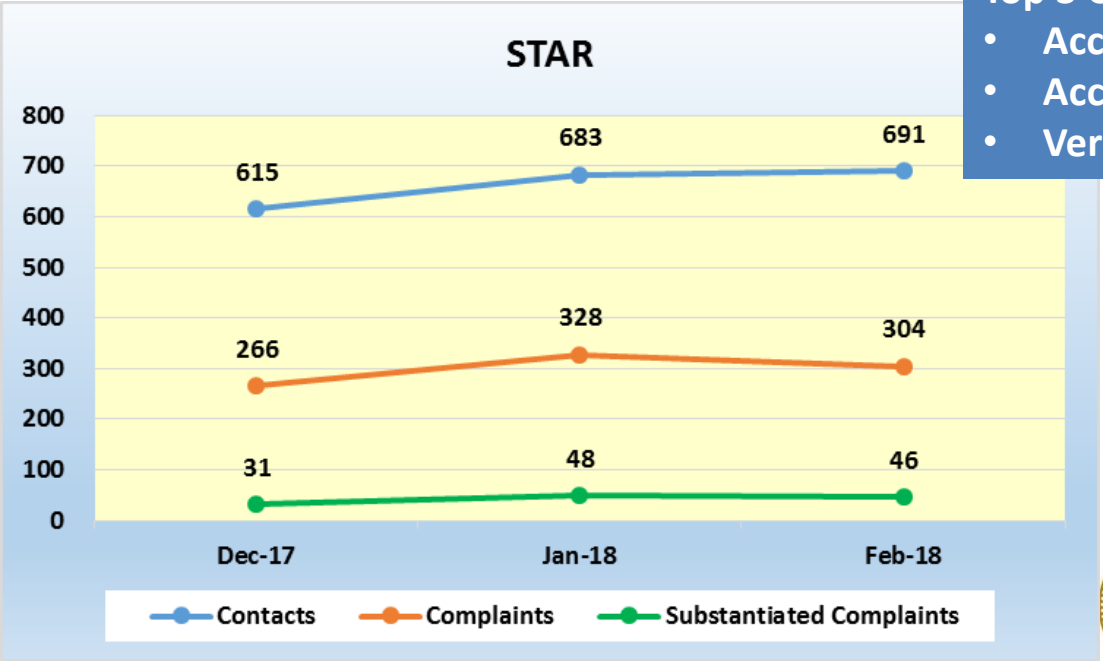
Contact Volumes by Program Type
2nd Quarter FY 2018



Top 3 Contacts – STAR

- Access to Prescriptions
- Access to PCP/Change PCP
- Verify Health Coverage

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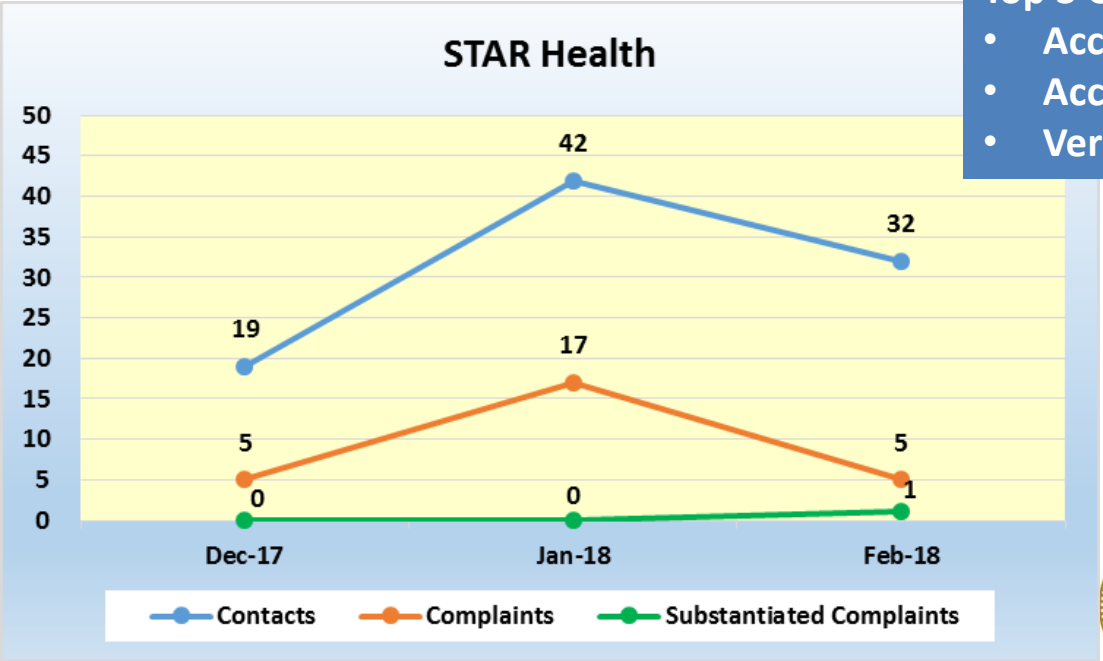
Contact Volumes by Program Type
2nd Quarter FY 2018



Top 3 Contacts – STAR Health

- Access to PCP/Change PCP
- Access to Prescription
- Verify Health Coverage

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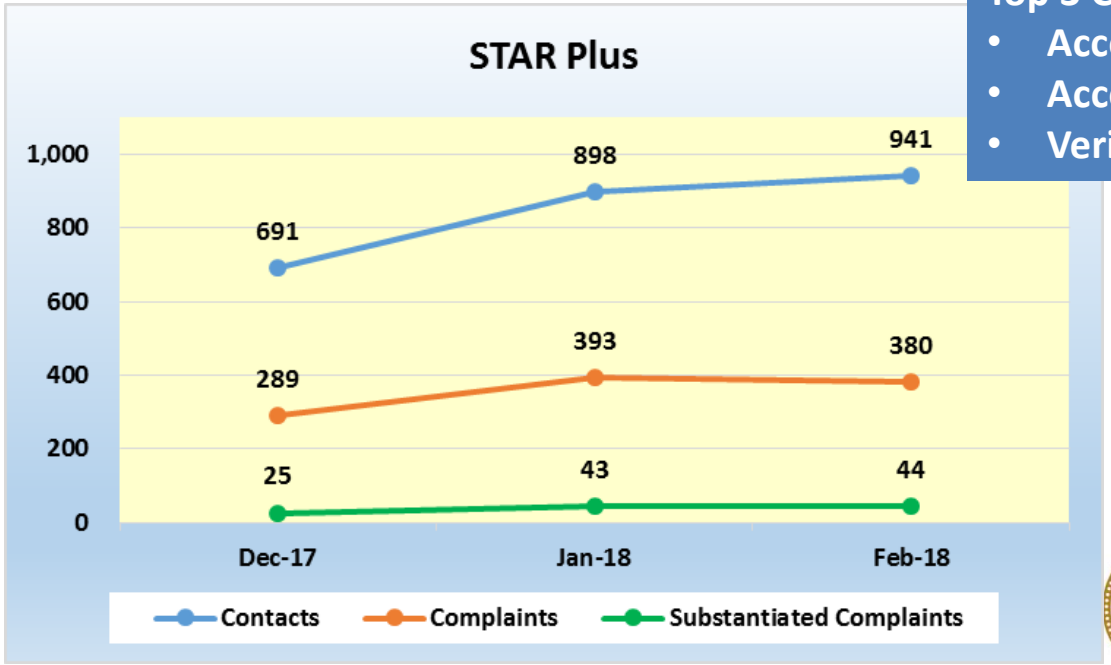
Contact Volumes by Program Type
2nd Quarter FY 2018



Top 3 Contacts – STAR Plus

- Access to Long Term Care
- Access to Prescriptions
- Verify Health Coverage

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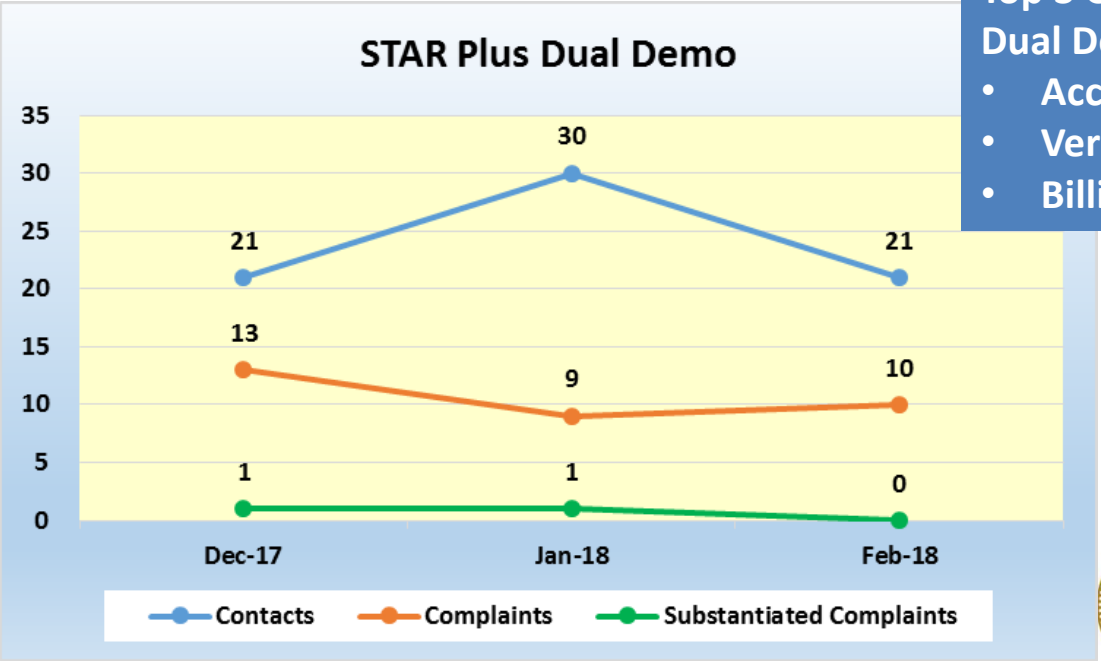
Contact Volumes by Program Type
2nd Quarter FY 2018



Top 3 Contacts – STAR Plus Dual Demo

- Access to Long Term Care
- Verify Health Coverage
- Billing Issues

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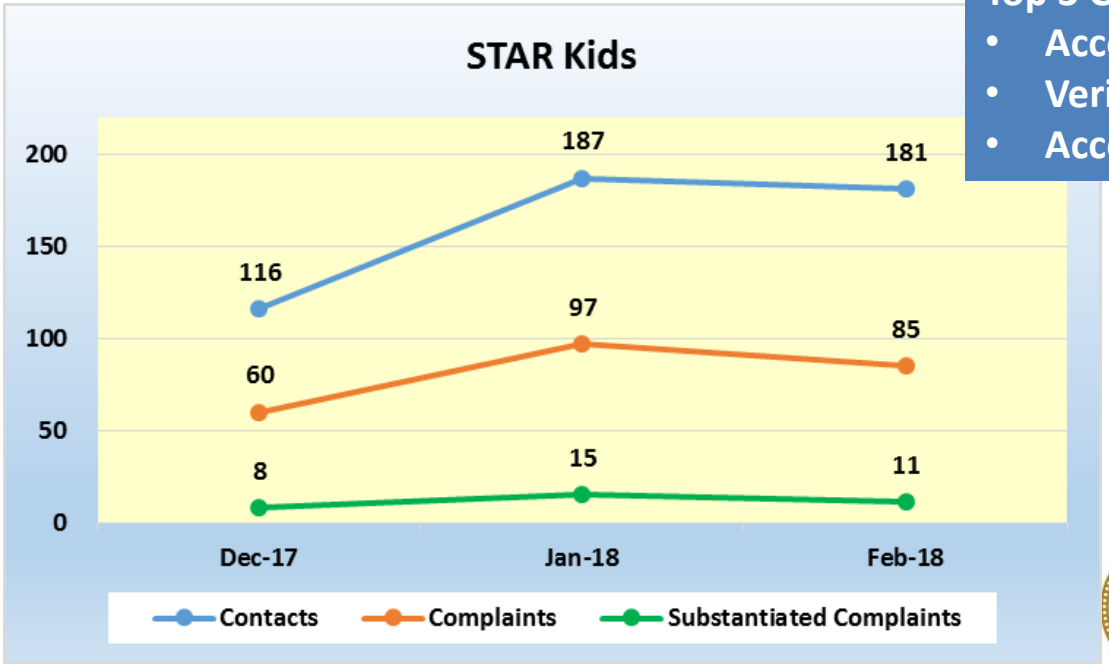
Contact Volumes by Program Type
2nd Quarter FY 2018



Top 3 Contacts – STAR Kids

- Access to Prescriptions
- Verify Health Coverage
- Access to PCP/Change PCP

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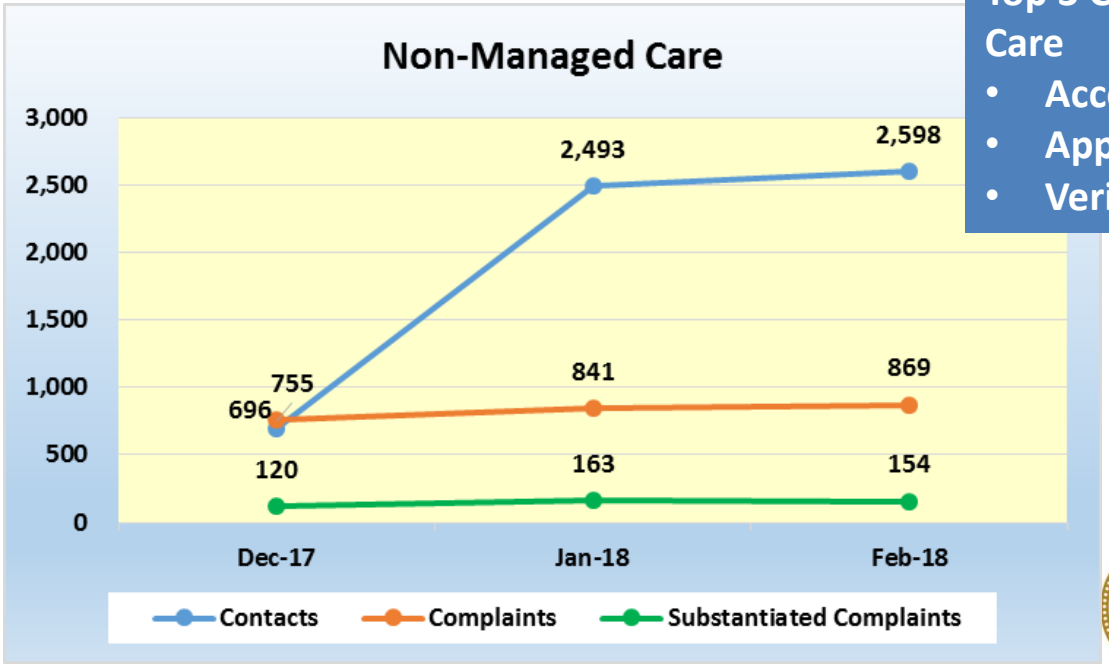
Contact Volumes by Program Type
2nd Quarter FY 2018



Top 3 Contacts – Non Managed Care

- Access to Prescriptions
- Application/Case Denied
- Verify Health Coverage

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FOSTER CARE OMBUDSMAN

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Services

Foster Care Ombudsman Program
2nd Quarter FY 2018

Contact Volume 2nd Quarter FY 2018	
Foster Care Youth	46 (35%)
Total Contacts	131

Top Three Reasons for Contact 2nd Quarter FY 2018
Rights of Children and Youth in Foster Care
Primary Caseworker Responsibilities
Not all facts documented in IMPACT

Information Shared

- Preparation for Adult Living (PAL)
- Court Appointed Special Advocates (CASA)
- Department of Family Protective Services (DFPS)

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Ombudsman Managed Care Assistance Team

UPDATE

- OMCAT Online Submission Form
- HHS Ombudsman Video
- Three FTEs added to OMCAT

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Contact us

Phone (Toll-free)
Main Line: 877-787-8999
Managed Care Help: 866-566-8989
Foster Care Help: 844-286-0769
Relay Texas: 7-1-1

Online
hhs.texas.gov/ombudsman

Fax (Toll-free)
888-780-8099

Mail
HHS Ombudsman
P. O. Box 13247
Austin, Texas 78711-3247

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